

Your 2020 Prescription Drug List

Advantage 3-Tier



Effective Jan. 1, 2020

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 1, 2020. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



Table of Contents

Understanding your Prescription Drug List . . .	3
Medication tips	5
Reading your PDL	6
Questions	9
Drugs by category	10
Analgesics	
Drugs for Pain	10
Drugs for Pain and Inflammation	11
Anti-Addiction / Substance Abuse Treatment Agents	12
Antibacterials	
Drugs for Infections	12
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	13
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer's Disease and Dementia	14
Antidepressants	
Drugs for Depression	14
Antiemetics	
Drugs for Nausea and Vomiting	15
Antifungals	
Drugs for Fungal Infections	15
Antigout Agents	
Drugs for Gout	16
Antimigraine Agents	
Drugs for Migraines	16
Antineoplastics	
Drugs for Cancer	16
Antiparasitics	
Drugs for Parasitic Infections	16
Antiparkinson Agents	
Drugs for Parkinson's Disease	17
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	17
Antipsychotics	
Drugs for Mood Disorders	17
Antivirals	
Drugs for Viral Infections	17
Anxiolytics	
Drugs for Anxiety	18
Bipolar Agents	
Drugs for Mood Disorders	18
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	18
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	21
Drugs for Multiple Sclerosis	22
Miscellaneous	22
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	22
Dermatological Agents	
Drugs for Skin Conditions	23
Diabetes	
Glucose Monitoring	25
Insulin	26
Non-Insulin Agents	27
Drugs for Blood Disorders	28
Drugs for Sexual Dysfunction	28
Electrolytes / Vitamins	28
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	29
Drugs for Bowel, Intestine and Stomach Conditions	29
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	30
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	30
Drugs for Prostate Conditions	30
Hormonal Agents	
Hormone Replacement and Birth Control	30
Oral Steroids	34
Other	34
Testosterone Replacement	35
Thyroid	35
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	35
Infertility Agents	36
Inflammatory Bowel Disease Agents	36
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	37
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	37
Drugs for Glaucoma	38
Drugs for Miscellaneous Eye Conditions	38
Otic Agents	
Drugs for Ear Conditions	38
Respiratory	
Drugs for Anaphylaxis	38
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	39
Drugs for Asthma and COPD	39
Drugs for Cystic Fibrosis	40
Drugs for Pulmonary Hypertension	40
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	40
Sleep Disorder Agents	41
Index	42

Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

PDL changes typically occur twice per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your ID card at any time to check your medication coverage and lower-cost options.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare[®] Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group[®] physicians and business leaders, meets to evaluate overall health care value. They also determine coverage and tier status for all medications.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your ID card or call the toll-free phone number on your ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your PDL

The PDL gives you choices so you and your doctor can determine your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

Tier information.

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Reading your PDL (continued)

Drug list information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

E **May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)**

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

H-PA **Health Care Reform Preventive with Prior Authorization**

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

PA **Prior Authorization (sometimes referred to as Precertification)³**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

QL **Quantity Limits**

Specifies the largest quantity of medication covered per copayment or in a defined period of time.

RS **Refill and Save Program⁴**

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

SP **Specialty Medication**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

ST **Step Therapy (referred to as First Start in New Jersey)**

Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan and Oxford plans.

Reading your PDL (continued)

Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to determine if drug classes that apply to you are noted.

Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Diabetes: Continuous Glucose Monitors, Sensors

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Endocrine: Growth Hormone

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Infertility

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

For the most current list of covered medications or if you have questions:



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral solution	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
apap-caff-dihydrocodeine	3	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
DVORAH	E	QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN	E	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	3	
NUCYNТА	3	QL
NUCYNТА ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
phrenilin forte	3	QL
premium lidocaine	2	QL
PRIMLEV	E	
ROXICODONE	3	
ROXYBOND	E	QL
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl ir	1	
trezix	3	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin	E	
vicodin es	E	
vicodin hp	E	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOHYDRO ER	3	PA, ST, QL
ZTLIDO	E	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN TRANSDERMAL GEL 1 %	2	
ZIPSOR	E	

Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	2	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
okebo	E	
penicillin v potassium	1	
SOLODYN	E	PA
soloxide oral tablet delayed release 150 mg	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT	3	PA, ST

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Drug Name	Drug Tier	Requirements & Limits
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
roweepra xr	2	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	2	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Antiemetics - Drugs for Nausea and Vomiting

AKYNZEO ORAL	3	QL
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	

Drug Name	Drug Tier	Requirements & Limits
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethazine-dm	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	3	
VARUBI	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL

Antifungals - Drugs for Fungal Infections

ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	3	
nyamyc	1	
nystatin external	1	

Drug Name	Drug Tier	Requirements & Limits
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	3	ST, QL
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	E	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL

Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL

Antineoplastics - Drugs for Cancer

abiraterone acetate	E	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF	2	PA, ST, QL, SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
YONSA	E	PA, ST, QL, SP
ZYTIGA	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	

Drug Name	Drug Tier	Requirements & Limits
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

Antiparkinson Agents - Drugs for Parkinson's Disease

carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	QL
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
GEODON ORAL	E	QL

Drug Name	Drug Tier	Requirements & Limits
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL

Antivirals - Drugs for Viral Infections

acyclovir oral	1	
ATRIPLA	E	ST, QL, SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL, SP
DESCOVY	3	QL, SP
DOVATO	2	QL, SP
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL, SP
HARVONI	2	PA, QL, SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	QL, SP
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	QL, SP

Drug Name	Drug Tier	Requirements & Limits
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	2	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL, SP
SYMFI	2	QL, SP
SYMFI LO	2	QL, SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	2	SP
TIVICAY	3	SP
TRIUMEQ	2	QL, SP
TRUVADA	3	QL, SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, QL, SP
ZEPATIER	2	PA, ST, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	

Drug Name	Drug Tier	Requirements & Limits
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
aliskiren fumarate	3	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA

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Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR ORAL TABLET	3	PA, QL
COZAAR	3	
CRESTOR	E	QL
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KAPSPARGO SPRINKLE	3		nifedipine er	1	
labetalol hcl oral	1		nifedipine er osmotic release	1	
LASIX	3		nifedipine oral	1	
LIPITOR	E	QL	NITRO-BID	2	
LIPOFEN	E		NITRO-DUR	3	
lisinopril oral	1		nitroglycerin er	1	
lisinopril-hydrochlorothiazide	1		nitroglycerin sublingual	1	
LOPID	3		nitroglycerin transdermal	1	
LOPRESSOR	3		nitroglycerin translingual	E	QL
losartan potassium	1		NITROLINGUAL	E	QL
losartan potassium-hctz	1		NITROMIST	3	QL
LOTENSIN	3		NITROSTAT	3	
LOTENSIN HCT	3		nitro-time	1	
LOTREL	3		NORVASC	E	
lovastatin	1	H	olmesartan medoxomil oral	2	
LOVAZA	E	PA	olmesartan medoxomil-hctz	2	
matzim la	2		omega-3-acid ethyl esters	3	PA
MAXZIDE	3		PACERONE ORAL TABLET 100 MG, 400 MG	3	
MAXZIDE-25	3		pacerone oral tablet 200 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PRALUENT	2	PA, ST, QL, SP
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PRAVACHOL	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pravastatin sodium	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		prazosin hcl oral	1	
MICARDIS	E		PRINIVIL	3	
MINIPRESS	3		PROCARDIA	3	
minitran	1		PROCARDIA XL	3	
MULTAQ	3	PA	propranolol hcl er	2	
nadolol oral	1		propranolol hcl oral	1	
niacin (antihyperlipidemic)	2		QBRELIS	3	PA
niacin er (antihyperlipidemic)	3		quinapril hcl	1	
niacor	2		ramipril	1	
NIASPAN	2		RANEXA	E	
			ranolazine er	2	
			REPATHA	2	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL, SP
REPATHA SURECLICK	2	PA, ST, QL, SP
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	PA
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	3	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	PA
metadate er	3	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	E	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
REBIF TITRATION PACK	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	3	ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral	2	ST, QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sf	1		calcitriol external	1	QL
sf 5000 plus	1		CAPEX	2	
sodium fluoride 5000 plus	1		CARAC	2	
sodium fluoride dental	1		claravis	2	
Dermatological Agents - Drugs for Skin Conditions			CLEOCIN-T EXTERNAL GEL	3	QL
ABSORICA	E	PA	CLEOCIN-T EXTERNAL LOTION	3	
ACZONE	3	QL	clindacin etz external swab	1	
ALA SCALP	3		clindacin-p	1	
ala-cort external cream 1 %	E		CLINDAGEL	E	QL
ala-cort external cream 2.5 %	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
ALDARA	3	QL	clindamycin phosphate external foam	3	
ALTRENO	E	PA, QL	clindamycin phosphate external lotion	3	
amnesteam	2		clindamycin phosphate external solution	1	QL
ATRALIN	E	PA, QL	clindamycin phosphate external swab	1	
AVAR	E		CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
avar cleanser	1		clindamycin phosphate gel 1 % external	3	QL
AVAR LS CLEANSER	E		clobetasol propionate external cream	2	QL
AVAR LS EXTERNAL PAD	E		clobetasol propionate external foam	E	QL
AVAR-E EMOLLIENT	3		clobetasol propionate external gel	2	QL
AVAR-E GREEN	3		clobetasol propionate external liquid	1	QL
AVAR-E LS	3		clobetasol propionate external lotion	E	QL
avita	E	PA, QL	clobetasol propionate external ointment	2	QL
azelaic acid external	3		clobetasol propionate external shampoo	E	QL
betamethasone dipropionate aug external cream	1		clobetasol propionate external solution	1	QL
betamethasone dipropionate aug external gel	1		CLOBEX	E	QL
betamethasone dipropionate aug external lotion	3		CLOBEX SPRAY	3	QL
betamethasone dipropionate aug external ointment	3		clodan external shampoo	E	QL
betamethasone dipropionate external cream	2		clotrimazole-betamethasone external cream	1	QL
betamethasone dipropionate external lotion	1		clotrimazole-betamethasone external lotion	1	
betamethasone dipropionate external ointment	2				
bp 10-1	1				
calcipotriene-betameth diprop	3	QL			

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Drug Name	Drug Tier	Requirements & Limits
dapsone external	E	QL
DERMA-SMOOTHIE/FS BODY	3	QL
DERMA-SMOOTHIE/FS SCALP	3	
DESONATE	3	ST, QL
desonide external	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUAC	E	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA, ST, QL, SP
EFUDEX	3	
ELIDEL	3	ST, QL
ELOCON	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
KENALOG EXTERNAL	E	QL
LOTRISONE	3	QL
methoxsalen oral	1	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	3	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
rosadan external cream	1		tretinoin gel 0.025 % external	E	PA, QL
rosadan external gel	1		triamcinolone acetonide external aerosol solution	2	QL
SERNIVO	E	QL	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
sss 10-5	1		triamcinolone acetonide external cream 0.5 %	1	QL
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		triamcinolone acetonide external lotion	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E		triamcinolone acetonide external ointment	1	
sulfacetamide sodium-sulfur external emulsion	1		TRIANEX	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E		triderm external cream 0.1 %	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1		triderm external cream 0.5 %	1	QL
sulfacetamide sodium-sulfur external lotion 10-5 %	1		tridesilon	3	QL
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E		VANOS	E	QL
sulfacetamide sodium-sulfur external pad	1		VECTICAL	3	QL
sulfacetamide sodium-sulfur external suspension 10-5 %	1		VERDESO	E	QL
sulfacetamide sodium-sulfur external suspension 8-4 %	E		zenatane	2	
sulfacleanse 8/4	E		ZYCLARA	E	QL
sulfamez wash	1		ZYCLARA PUMP	E	QL
SUMADAN WASH	E		Diabetes - Glucose Monitoring		
SUMAXIN	3		ACCU-CHEK AVIVA DEVICE	E	
SUMAXIN WASH	3		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
SYNALAR	E	QL	ACCU-CHEK AVIVA PLUS	E	
TACLONEX EXTERNAL OINTMENT	E	QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
TACLONEX EXTERNAL SUSPENSION	3		ACCU-CHEK COMPACT PLUS CARE KIT	E	
tazarotene external	E	PA, QL	ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
TAZORAC	3	PA, QL	ACCU-CHEK GUIDE	E	
TEMOVATE	3	QL	ACCU-CHEK GUIDE TEST STRIPS	E	QL
TEXACORT	2		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
TOLAK	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
tretinoin external cream	3	PA, QL	BD AUTOSHIELD DUO PEN NEEDLES	2	
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL	BD ULTRA-FINE INSULIN SYRINGES	2	

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Drug Name	Drug Tier	Requirements & Limits
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
ENLITE GLUCOSE SENSOR	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	E	PA, QL
GUARDIAN LINK 3 TRANSMITTER	E	
GUARDIAN SENSOR (3)	3	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONE TOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
SOF-SENSOR	E	PA, QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUETRACK TEST	3	QL

Diabetes - Insulin

ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL	ALOGLIPTIN BENZOATE	E	QL
HUMULIN 70/30 KWIKPEN	2	QL	ALOGLIPTIN-METFORMIN HCL	E	QL
HUMULIN 70/30 VIAL	1	QL	ALOGLIPTIN-PIOGLITAZONE	E	QL
HUMULIN N KWIKPEN	2	QL	AMARYL	3	
HUMULIN N VIAL	1	QL	BYDUREON	2	QL
HUMULIN R U-500 KWIKPEN	2	QL	BYDUREON BCISE AUTOINJECTOR	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL	BYETTA 10 MCG PEN	2	QL
HUMULIN R VIAL	1	QL	BYETTA 5 MCG PEN	2	QL
INSULIN LISPRO	E	QL	FARXIGA	E	ST, QL
LANTUS SOLOSTAR	E	QL	FORTAMET	E	PA
LANTUS U-100 VIAL	E	QL	glimepiride	1	
LEVEMIR U-100 FLEXTOUCH	E	QL	glipizide er	1	
LEVEMIR U-100 VIAL	E	QL	glipizide ir	1	
NOVOLIN 70/30 FLEXPEN	E	ST, QL	glipizide xl	1	
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	GLUCAGON EMERGENCY	2	QL
NOVOLIN 70/30 RELION	E	ST, QL	GLUCOPHAGE	3	
NOVOLIN 70/30 VIAL	E	ST, QL	GLUCOPHAGE XR	3	PA
NOVOLIN N RELION	E	ST, QL	GLUCOTROL	3	
NOVOLIN N VIAL	E	ST, QL	GLUCOTROL XL	3	
NOVOLIN R RELION	E	ST, QL	GLUMETZA	E	PA
NOVOLIN R VIAL	E	ST, QL	glyburide oral	1	
NOVOLOG FLEXPEN	E	ST, QL	glyburide-metformin	1	
NOVOLOG PENFILL	E	ST, QL	GLYXAMBI	2	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL	INVOKAMET	2	QL
TOUJEO MAX SOLOSTAR	E	QL	INVOKAMET XR	2	QL
TOUJEO SOLOSTAR	E	QL	INVOKANA	2	ST, QL
TRESIBA	2	QL	JANUVIA	3	ST, QL
TRESIBA FLEXTOUCH	2	QL	JARDIANCE	2	ST, QL
Diabetes - Non-Insulin Agents			JENTADUETO	2	QL
ACTOS	E	QL	JENTADUETO XR	2	QL
ADLYXIN	3	QL	KAZANO	2	QL
ADLYXIN STARTER PACK	3	QL	KOMBIGLYZE XR	2	QL
			metformin hcl er	1	
			metformin hcl er (mod)	E	PA

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Drug Name	Drug Tier	Requirements & Limits
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2-Pak)	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3-Pak)	3	QL

Drugs for Blood Disorders

AFSTYLA	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
HELIXATE FS	E	SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP

Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STAXYN	E	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	3	QL
tadalafil oral tablet 2.5 mg, 5 mg	3	ST, QL
vardenafil hcl oral tablet	3	QL
vardenafil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL

Electrolytes / Vitamins

DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	E	

Drug Name	Drug Tier	Requirements & Limits
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	QL, H

Drug Name	Drug Tier	Requirements & Limits
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
ENDARI	3	PA, QL
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
VIOKACE	3	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	

Drug Name	Drug Tier	Requirements & Limits
lanthanum carbonate	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	3	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
aurovela fe 1/20	1	H	DIVIGEL	3	
aviane	1	H	dotti	E	QL
AYGESTIN	3		drosipren-eth estrad-levomefol	E	
ayuna	1	H	drosiprenone-ethinyl estradiol	3	
azurette	2		DUAVEE	3	QL
balziva	2		ELESTRIN	3	
bekyree	2		elinest	1	H
BEYAZ	E		emoquette	1	H
BIJUVA	3		enskyce	1	H
blisovi 24 fe	3		errin	1	H
blisovi fe 1.5/30	1	H	estarylla	1	H
briellyn	2		ESTRACE	3	
camila	1	H	estradiol oral	1	
camrese	3		estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	2	QL
camrese lo	3		estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
chateal	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle)	2	QL
chateal eq	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
CLIMARA	E	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	2	QL
CLIMARA PRO	3	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
cryselle-28	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	2	QL
cyclafem 1/35	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
cyred	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL
cyred eq	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
dasetta 1/35	1	H			
daysee	3				
deblitane	1	H			
delyla	1	H			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3				
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3				
DEPO-SUBQ PROVERA 104	2				
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly (generic for Climara)	1	QL	levonorgest-eth est & eth est	E	
estradiol vaginal cream	E		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
estradiol vaginal tablet	2		levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
ESTRING	2	QL	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
ESTROGEL	3	QL	levora 0.15/30 (28)	1	H
EVAMIST	2		lillow	1	H
falmina	1	H	LO LOESTRIN FE	3	
fayosim	E		LOESTRIN 1.5/30 (21)	3	
femynor	1	H	LOESTRIN 1/20 (21)	3	
gianvi	3		LOESTRIN FE 1.5/30	3	
hailey 24 fe	3		LOESTRIN FE 1/20	3	
heather	1	H	loryna	3	
incassia	1	H	LOSEASONIQUE	3	
introvale	2	H	low-ogestrel	1	H
isibloom	1	H	lo-zumandimine	3	
jasmiel	3		lutera	1	H
jencycla	1	H	lyza	1	H
jolessa	2	H	marlissa	1	H
juleber	1	H	medroxyprogesterone acetate intramuscular	1	H
junel 1.5/30	2		medroxyprogesterone acetate oral	1	
junel 1/20	2		melodetta 24 fe	E	
junel fe 1.5/30	1	H	MENOSTAR	3	QL
junel fe 1/20	1	H	mibelas 24 fe	E	
junel fe 24	3		microgestin 1.5/30	2	
kalliga	1	H	microgestin 1/20	2	
kariva	2		microgestin fe 1.5/30	1	H
kurvelo	1	H	microgestin fe 1/20	1	H
larin 1.5/30	2		mili	1	H
larin 1/20	2		MINASTRIN 24 FE	E	
larin 24 fe	3		MINIVELLE	E	QL
larin fe 1.5/30	1	H	MIRCETTE	3	
larin fe 1/20	1	H			
larissia	1	H			
lessina	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
mono-linyah	1	H	PREMARIN VAGINAL	3	
NATAZIA	2		PREMPHASE	3	
necon 0.5/35 (28)	1	H	PREMPRO	3	
nikki	3		previfem	1	H
nora-be	1	H	progesterone micronized oral	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	H	PROMETRIUM	E	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		PROVERA	3	
norethin ace-eth estrad-fe oral tablet chewable	E		QUARTETTE	E	
norethindrone acetate oral	1		reclipsen	1	H
norethindrone acet-ethinyl est	2		rivelsa	E	
norethindrone oral	1	H	SAFYRAL	E	
norgestimate-eth estradiol	1	H	SEASONIQUE	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		setlakin	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sharobel	1	H
norlyda	1	H	simliya	2	
norlyroc	1	H	simpesse	3	
nortrel 0.5/35 (28)	1	H	sprintec 28	1	H
nortrel 1/35 (21)	1	H	sronyx	1	H
nortrel 1/35 (28)	1	H	syeda	3	
NUVARING	2	H	tarina 24 fe	3	
ocella	3		tarina fe 1/20	1	H
ogestrel	2		tarina fe 1/20 eq	1	H
orsythia	1	H	TAYTULLA	E	
ORTHO MICRONOR	3		tri femynor	1	H
ORTHO TRI-CYCLEN LO	E		tri-estarylla	1	H
ORTHO-NOVUM 1/35 (28)	3		tri-linyah	1	H
philith	2		tri-lo-estarylla	2	
pimtrea	2		tri-lo-marzia	2	
pirmella 1/35	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
			tri-previfem	1	H
			tri-sprintec	1	H
			tri-vylibra	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	3	
zumandimine	3	

Hormonal Agents - Oral Steroids

CORTEF	3	
DECADRON	E	
deltasone oral tablet 20 mg	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	

Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Hormonal Agents - Other

cabergoline	2	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORILISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	PA, QL
METHITEST	2	
methyltestosterone oral	2	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	E	PA, QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	E	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%)	E	PA, QL
testosterone transdermal solution	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	2	

Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
TIROSINT-SOL	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	3	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	3	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
MYFORTIC	E	SP
NEORAL	E	SP
OLUMIANT	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	ST, QL
RINVOQ	2	PA, QL, SP
SILIQ	E	PA, ST, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TALTZ	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	

Drug Name	Drug Tier	Requirements & Limits
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Ferring)	3	QL, SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
HCG	E	
NOVAREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	2	
mesalamine oral	E	

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Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	3	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
ROCALTROL	3	
TYMLOS	3	PA, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX	3	
VIGAMOX	E	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	E	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML (generic Adrenaclick)	E	QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (generic Adrenaclick)	E	QL
epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	QL
XHANCE	E	QL
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA)	3	QL

Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	1	QL
ASMANEX (14 METERED DOSES)	1	QL
ASMANEX (30 METERED DOSES)	1	QL
ASMANEX (60 METERED DOSES)	1	QL
ASMANEX (7 METERED DOSES)	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL

Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	3	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
tadalafil (pah)	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TRACLEER 32 MG	2	PA, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall oral tablet 800 mg	3	
metaxalone	3	
methocarbamol oral	1	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	3	

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Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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Index

A					
ABILIFY	17	ADCIKCA	40	allopurinol oral	16
ABILIFY MYCITE	17	ADDERALL	21	ALOGLIPTIN BENZOATE	27
abiraterone acetate	16	ADDERALL XR	21	ALOGLIPTIN-METFORMIN HCL..	27
ABSORICA.....	23	ADDYI.....	28	ALOGLIPTIN-PIOGLITAZONE	27
ACCU-CHEK AVIVA CONNECT KIT		ADEMPAS.....	40	ALORA	30
W/DEVICE	25	ADHANSIA XR.....	21	ALPHAGAN P OPHTHALMIC	
ACCU-CHEK AVIVA DEVICE	25	ADLYXIN	27	SOLUTION 0.1 %	38
ACCU-CHEK AVIVA PLUS	25	ADLYXIN STARTER PACK	27	ALPHAGAN P OPHTHALMIC	
ACCU-CHEK AVIVA PLUS TEST		ADMELOG	26	SOLUTION 0.15 %	38
STRIPS	25	ADMELOG SOLOSTAR	26	alprazolam er.....	18
ACCU-CHEK COMPACT PLUS		Adrenacllick.....	38	alprazolam intensol	18
CARE KIT.....	25	ADVAIR DISKUS.....	39	alprazolam oral.....	18
ACCU-CHEK COMPACT PLUS		ADVAIR HFA	39	alprazolam xr.....	18
TEST STRIPS	25	afirmelle.....	30	ALREX.....	37
ACCU-CHEK GUIDE	25	AFREZZA INHALATION POWDER		ALTACE	18
ACCU-CHEK GUIDE TEST		12 UNIT, 4 UNIT	26	altavera.....	30
STRIPS	25	AFREZZA INHALATION POWDER		ALTOPREV.....	18
ACCU-CHEK NANO SMARTVIEW		4 & 8 & 12 UNIT, 8 UNIT, 90 X 4		ALTRENO.....	23
KIT W/DEVICE.....	25	UNIT & 90X8 UNIT, 90 X 8		ALVESCO.....	39
ACCU-CHEK SMARTVIEW TEST		UNIT & 90X12 UNIT	26	alyacen 1/35	30
STRIPS	25	AFSTYLA	28	alyq	40
ACCU-CHEK SMARTVIEW TEST		AIMOVIG.....	16	AMARYL.....	27
STRIPS	25	AIRDUO RESPICLICK 113/14.....	39	AMBIEN.....	41
ACCUPRIL	18	AIRDUO RESPICLICK 232/14.....	39	AMBIEN CR	41
acetaminophen-codeine #2.....	10	AIRDUO RESPICLICK 55/14.....	39	ambrisentan.....	40
acetaminophen-codeine #3.....	10	AKYNZEO ORAL	15	AMERGE	16
acetaminophen-codeine #4	10	ALA SCALP.....	23	amethia.....	30
acetaminophen-codeine oral		ala-cort external cream 1 %	23	amethia lo.....	30
solution.....	10	ala-cort external cream 2.5 %	23	amiodarone hcl oral.....	18
acetaminophen-codeine oral tablet		albuterol sulfate er.....	39	amitriptyline hcl oral	14
300-15 mg, 300-60 mg	10	ALBUTEROL SULFATE HFA		amlodipine besylate oral.....	18
acetazolamide er	18	AEROSOL SOLUTION 108 (90		amlodipine besylate-benzepiril hcl	18
acetazolamide oral	18	BASE) MCG/ACT INHALATION		amlodipine besylate-valsartan.....	18
ACIPHEX.....	29	(ProAir HFA or Proventil HFA)....	39	amnesteem.....	23
ACIPHEX SPRINKLE.....	29	ALBUTEROL SULFATE HFA		amoxicillin	12
ACTEMRA ACTPEN	35	AEROSOL SOLUTION 108 (90		amoxicillin-potassium	
ACTEMRA SUBCUTANEOUS.....	35	BASE) MCG/ACT INHALATION		clavulanate er.....	12
ACTICLATE.....	12	(Ventolin HFA).....	39	amoxicillin-potassium	
ACTIGALL	29	albuterol sulfate inhalation.....	39	clavulanate oral	12
ACTOS	27	albuterol sulfate oral	39	amphetamine-	
ACULAR.....	37	ALDACTONE.....	18	dextroamphetamine	21
ACULAR LS	37	ALDARA.....	23	amphetamine-	
ACUVAIL	37	alendronate sodium.....	37	dextroamphetamine er	21
acyclovir oral	17	alfuzosin hcl er	30	AMPYRA	22
ACZONE.....	23	aliskiren fumarate	18	AMRIX.....	40
ADALAT CC	18				

ANALPRAM HC	36	atorvastatin calcium oral tablet		azurette	31
ANALPRAM HC SINGLES	36	40 mg, 80 mg	19		
ANALPRAM-HC.....	36	atovaquone-proguanil hcl.....	16	B	
ANASPAZ.....	29	ATRALIN	23	baclofen oral.....	40
anastrozole oral.....	16	ATRIPLA.....	17	BACTRIM	12
ANDRODERM.....	35	ATROVENT HFA	39	BACTRIM DS	12
ANDROGEL	35	AUBAGIO	22	balziva	31
ANDROGEL PUMP.....	35	aubra	30	BARACLUDE ORAL SOLUTION..	17
ANORO ELLIPTA	39	aubra eq	30	BARACLUDE ORAL TABLET.....	17
apap-caff-dihydrocodeine	10	AUGMENTIN	12	BASAGLAR KWIKPEN	26
apri	30	AUGMENTIN ES-600	12	BD AUTOSHIELD DUO PEN	
APRISO.....	36	aurovela 1/20.....	30	NEEDLES	25
APTENSIO XR	21	aurovela 1.5/30.....	30	BD ULTRA-FINE INSULIN	
ARAKODA.....	16	aurovela 24 fe.....	30	SYRINGES.....	25
ARANESP (ALBUMIN FREE).....	28	aurovela fe 1/20.....	31	BD ULTRA-FINE PEN NEEDLES .	26
ARCAPTA NEOHALER.....	39	aurovela fe 1.5/30.....	31	bekyree.....	31
ARICEPT ORAL TABLET		AURYXIA.....	30	BELBUCA.....	10
10 MG, 5 MG.....	14	AUSTEDO	22	benazepril hcl oral	19
ARICEPT ORAL TABLET		AUVI-Q.....	38	benazepril-hydrochlorothiazide	19
23 MG	14	AVALIDE.....	19	BENICAR	19
ARIMIDEX.....	16	AVAPRO.....	19	BENICAR HCT	19
aripiprazole oral solution	17	AVAR	23	benzonatate oral capsule	
aripiprazole oral tablet.....	17	avar cleanser	23	100 mg, 200 mg	39
aripiprazole oral tablet dispersible	17	AVAR LS CLEANSER	23	benzonatate oral capsule	
ARMOUR THYROID	35	AVAR LS EXTERNAL PAD	23	150 mg	39
ARNUITY ELLIPTA	39	AVAR-E EMOLLIENT	23	BESIVANCE	37
ARYMO ER	10	AVAR-E GREEN	23	betamethasone dipropionate aug	
ASACOL HD.....	36	AVAR-E LS.....	23	external cream	23
ashlyna	30	aviane	31	betamethasone dipropionate aug	
ASMANEX (120 METERED		avidoxy	12	external gel.....	23
DOSES).....	39	avita	23	betamethasone dipropionate aug	
ASMANEX (14 METERED		AVONEX PEN	22	external lotion.....	23
DOSES).....	39	AVONEX PREFILLED	22	betamethasone dipropionate aug	
ASMANEX (30 METERED		AYGESTIN.....	31	external ointment.....	23
DOSES).....	39	ayuna.....	31	betamethasone dipropionate	
ASMANEX (60 METERED		AZASAN.....	35	external cream	23
DOSES).....	39	AZASITE	37	betamethasone dipropionate	
ASMANEX (7 METERED		azathioprine oral.....	35	external lotion.....	23
DOSES).....	39	azelaic acid external.....	23	betamethasone dipropionate	
ASMANEX HFA.....	39	azelastine hcl nasal solution		external ointment.....	23
ASTAGRAF XL.....	35	0.1 %, 137 mcg/spray	39	BETAPACE.....	19
ASTEPRO	39	azelastine hcl nasal solution		BETASERON	22
atenolol oral.....	18	0.15 %.....	39	BETHKIS	40
atenolol-chlorthalidone.....	18	azelastine hcl ophthalmic	37	BETIMOL.....	38
ATIVAN ORAL.....	18	azithromycin oral	12	BEVESPI AEROSPHERE	39
atomoxetine hcl	21	AZOPT	38	BEVYXXA.....	13
atorvastatin calcium oral tablet		AZULFIDINE	36	bexarotene.....	16
10 mg, 20 mg	18	AZULFIDINE EN-TABS	36	BEYAZ.....	31

BIDIL	19
BIJUVA.....	31
bimatoprost ophthalmic	38
BINOSTO	37
bisoprolol fumarate.....	19
bisoprolol-hydrochlorothiazide	19
blisovi 24 fe.....	31
blisovi fe 1.5/30.....	31
BONIVA ORAL	37
BONJESTA.....	15
bosentan.....	40
BOSULIF	16
bp 10-1	23
BREO ELLIPTA	39
briellyn	31
BRILINTA	17
brimonidine tartrate ophthalmic solution 0.15 %	38
brimonidine tartrate ophthalmic solution 0.2 %.....	38
bromfed dm	39
budesonide er.....	36
budesonide inhalation	39
budesonide oral.....	36
BUNAVAIL.....	12
buprenorphine hcl sublingual	12
buprenorphine hcl-naloxone hcl....	12
bupropion hcl er (sr)	14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.....	14
bupropion hcl oral.....	14
bupirone hcl oral.....	18
butalbital-apap-caffeine oral capsule 50-300-40 mg.....	10
butalbital-apap-caffeine oral capsule 50-325-40 mg.....	10
butalbital-apap-caffeine oral tablet	10
BYDUREON	27
BYDUREON BCISE AUTOINJECTOR	27
BYETTA 10 MCG PEN.....	27
BYETTA 5 MCG PEN.....	27
BYSTOLIC	19

C

cabergoline.....	34
CALAN	19
CALAN SR	19
calcipotriene-betameth diprop.....	23
calcitriol external	23
calcitriol oral	37
camila	31
camrese.....	31
camrese lo.....	31
CANASA.....	36
capecitabine	16
CAPEX	23
CARAC.....	23
CARAFATE	29
carbamazepine er oral capsule extended release 12 hour.....	13
carbamazepine er oral tablet extended release 12 hour.....	13
carbamazepine oral.....	13
CARBATROL.....	13
carbidopa-levodopa.....	17
carbidopa-levodopa er	17
CARDIZEM.....	19
CARDIZEM CD	19
CARDIZEM LA	19
CARDURA	19
carisoprodol oral tablet 250 mg....	40
carisoprodol oral tablet 350 mg....	40
CAROSPIR.....	19
cartia xt.....	19
carvedilol	19
CATAPRES.....	19
cavarest.....	22
cefadroxil	12
cefdinir	12
cefuroxime axetil	12
CELEBREX	11
celecoxib oral	11
CELEXA	14
CELLCEPT	35
CENTANY	12
CENTANY AT	12
cephalexin	12
CEQUA.....	38
CERDELGA.....	30
CHANTIX.....	12

CHANTIX CONTINUING MONTH PAK	12
CHANTIX STARTING MONTH PAK	12
chateal.....	31
chateal eq.....	31
chlorhexidine gluconate mouth/throat.....	22
chlorthalidone.....	19
chorionic gonadotropin intramuscular.....	36
CIALIS ORAL TABLET 10 MG, 20 MG.....	28
CIALIS ORAL TABLET 2.5 MG, 5 MG.....	28
ciclodan	15
CICLODAN SOLUTION	15
ciclopirox external gel.....	15
ciclopirox external shampoo.....	15
ciclopirox external solution	15
ciclopirox treatment	15
CILOXAN.....	37
CIMDUO	17
CIMZIA PREFILLED KIT	35
CIMZIA STARTER KIT	35
CIPRO ORAL TABLET.....	12
CIPRODEX.....	38
ciprofloxacin hcl ophthalmic	37
ciprofloxacin hcl oral.....	12
citalopram hydrobromide.....	14
claravis	23
clarithromycin er	12
clarithromycin oral suspension reconstituted.....	12
clarithromycin oral tablet	12
CLENPIQ.....	29
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12
CLEOCIN ORAL CAPSULE 75 MG.....	12
CLEOCIN-T EXTERNAL GEL.....	23
CLEOCIN-T EXTERNAL LOTION	23
CLIMARA	31, 32
CLIMARA PRO	31
clindacin etz external swab	23
clindacin-p	23
CLINDAGEL	23

ENVARUSUS XR.....	35	EVAMIST.....	32	fluocinolone acetonide external ointment	24	
EPANED.....	19	EVOCLIN.....	24	fluocinolone acetonide external solution.....	24	
EPCLUSA.....	17	EVZIO.....	12	fluocinolone acetonide scalp	24	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML.....	38	EXFORGE.....	19	fluocinonide external cream 0.05 %.....	24	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	38	EXTAVIA	22	fluocinonide external cream 0.1 %	24	
epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3ml injection.....	38	EXTINA	15	fluocinonide external gel	24	
EPIPEN	38	EZALLOR SPRINKLE	19	fluocinonide external ointment	24	
EPIPEN 2-PAK	38	ezetimibe	19	fluocinonide external solution.....	24	
EpiPen Jr.....	38	ezetimibe-simvastatin.....	19	fluoridex.....	22	
EPIPEN JR 2-PAK.....	38			fluoridex enhanced whitening.....	22	
epitol.....	13	F			FLUOROPLEX	24
ERGOCAL.....	28	falmina	32	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	24	
ergocalciferol oral capsule	28, 29	FARXIGA.....	27	fluorouracil external cream 5 %.....	24	
ERLEADA.....	16	fayosim	32	fluorouracil external solution	24	
errin	31	febuxostat.....	16	fluoxetine hcl oral capsule	14	
erythromycin ophthalmic	37	FEMARA	16	fluoxetine hcl oral capsule delayed release	14	
escitalopram oxalate oral solution.	14	femynor.....	32, 33	fluoxetine hcl oral solution	14	
escitalopram oxalate oral tablet.....	14	fenofibrate oral capsule 150 mg, 50 mg	19	fluoxetine hcl oral tablet 10 mg.....	14	
ESGIC	10	fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	19	fluoxetine hcl oral tablet 20 mg.....	14	
estarylla	31	fenofibrate oral tablet 160 mg, 54 mg	19	fluoxetine hcl oral tablet 60 mg.....	14	
ESTRACE	31	FENOGLIDE.....	19	fluoxetine hcl oral tablet 60 mg.....	14	
estradiol oral.....	31	fenofibrate oral capsule 150 mg, 50 mg/hr, 75 mcg/hr	10	fluticasone propionate nasal	39	
estradiol patch twice weekly 0.025 mg/24hr transdermal.....	31	fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	19	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	39	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	31	fenofibrate oral tablet 160 mg, 54 mg	19	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	39	
estradiol patch twice weekly 0.05 mg/24hr transdermal.....	31	FENTANYL TRANSDERMAL PATCH 72 HOUR 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	10	fluvoxamine maleate.....	14, 15	
estradiol patch twice weekly 0.075 mg/24hr transdermal	31	FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	10	fluvoxamine maleate er	15	
estradiol patch twice weekly 0.1 mg/24hr transdermal	31	FEXMID.....	40	FOCALIN	21	
estradiol transdermal patch weekly	32	FINACEA.....	24	FOCALIN XR.....	21	
estradiol vaginal cream	32	finasteride oral tablet 5 mg.....	30	folic acid oral tablet 1 mg.....	28	
estradiol vaginal tablet.....	32	FIORICET.....	10	FOLLISTIM AQ.....	36	
ESTRING.....	32	FIRAZYR.....	35	FORFIVO XL	15	
ESTROGEL.....	32	FLAGYL.....	12	FORTAMET	27	
eszopiclone	41	flecainide acetate	19	FORTEO.....	37	
etodolac.....	11	FLOLIPID.....	19	FORTESTA.....	35	
etodolac er.....	11	FLOMAX.....	30	FOSAMAX.....	37	
EUCRISA.....	24	FLORIVA PLUS	28	FOSRENOL ORAL PACKET	30	
euthyrox.....	35	FLOVENT DISKUS.....	39			
		FLOVENT HFA	39			
		FLOXIN OTIC	38			
		fluconazole oral	15			
		fluocinolone acetonide body.....	24			
		fluocinolone acetonide external cream	24			

FOSRENOL ORAL TABLET	
CHEWABLE	30
FREESTYLE LIBRE 14 DAY	
READER	26
FREESTYLE LIBRE 14 DAY	
SENSOR	26
FREESTYLE LIBRE READER.....	26
FREESTYLE LIBRE SENSOR	
SYSTEM.....	26
FREESTYLE PRECISION NEO	
TEST	26
furosemide oral.....	19

G

gabapentin oral capsule	13
gabapentin oral solution	
250 mg/5ml	13
gabapentin oral tablet.....	13
ganirelix acetate solution	
250 mcg/0.5ml subcutaneous	
(Ferring).....	36
ganirelix acetate solution	
250 mcg/0.5ml subcutaneous	
(Merck/ Organon).....	36
gavilyte-c	29
gavilyte-g	29
GELNIQUE	30
GELNIQUE PUMP	30
gemfibrozil oral	19
gengraf	35
GENOTROPIN	34
GENOTROPIN MINIQUICK	34
GENVOYA	17
GEODON ORAL	17
gianvi	32
GILENYA	22
glatiramer acetate.....	22
glatopa.....	22
GLEEVEC	16
glimepiride	27
glipizide er	27
glipizide ir	27
glipizide xl.....	27
GLUCAGON EMERGENCY.....	27
GLUCOPHAGE	27
GLUCOPHAGE XR	27
GLUCOTROL	27

GLUCOTROL XL.....	27
GLUMETZA.....	27
glyburide oral.....	27
glyburide-metformin	27
GLYXAMBI	27
GOLYTELY ORAL SOLUTION	
RECONSTITUTED 227.1 GM	29
GOLYTELY ORAL SOLUTION	
RECONSTITUTED 236 GM.....	29
GONITRO.....	19
guanfacine hcl	19, 21
guanfacine hcl er.....	21
GUARDIAN CONNECT	
TRANSMITTER	26
GUARDIAN LINK 3	
TRANSMITTER	26
GUARDIAN SENSOR (3).....	26
GYNAZOLE-1	15

H

HAEGARDA	35
hailey 24 fe	32
HALCION	18
HARVONI	17
HCG	36
heather	32
HELIXATE FS.....	28
HEMANGEOL	19
HIDEX 6-DAY	34
HUMALOG KWIKPEN	26
HUMALOG MIX 50/50	
KWIKPEN	26
HUMALOG MIX 50/50 VIAL.....	26
HUMALOG MIX 75/25	
KWIKPEN	26
HUMALOG MIX 75/25 VIAL.....	26
HUMALOG U-100 JUNIOR	
KWIKPEN	26
HUMALOG U-100 VIAL AND	
CARTRIDGE SUBCUTANEOUS	
SOLUTION 100 UNIT/ML	26
HUMALOG U-100 VIAL AND	
CARTRIDGE SUBCUTANEOUS	
SOLUTION CARTRIDGE	
100 UNIT/ML.....	27
HUMATROPE.....	34
HUMIRA	35, 36

HUMIRA PEDIATRIC CROHNS	
START	36
HUMIRA PEN.....	36
HUMIRA PEN-CD/UC/HS	
STARTER.....	36
HUMIRA PEN-PS/UV/ADOL HS	
START	36
HUMULIN 70/30 KWIKPEN	27
HUMULIN 70/30 VIAL	27
HUMULIN N KWIKPEN.....	27
HUMULIN N VIAL	27
HUMULIN R U-500 KWIKPEN	27
HUMULIN R U-500 VIAL	
(CONCENTRATED).....	27
HUMULIN R VIAL	27
hydralazine hcl oral	19
hydrochlorothiazide oral	19
hydrocodone polst-cpm polst er ...	39
hydrocodone-acetaminophen oral	
solution 10-325 mg/15ml.....	10
hydrocodone-acetaminophen oral	
solution 7.5-325 mg/15ml.....	10
hydrocodone-acetaminophen oral	
tablet 10-300 mg, 5-300 mg,	
7.5-300 mg.....	10
hydrocodone-acetaminophen oral	
tablet 10-325 mg, 5-325 mg,	
7.5-325 mg	10
hydrocortisone ace-pramoxine	
rectal	36
hydrocortisone external cream	
1 %	24
hydrocortisone external cream	
2.5 %	24
hydrocortisone external lotion	
2.5 %	24
hydrocortisone external ointment	
1 %, 2.5 %.....	24
hydrocortisone oral.....	34
hydromorphone hcl er	10
hydromorphone hcl oral.....	10
hydromorphone hcl rectal.....	10
hydroxychloroquine sulfate oral....	16
hydroxyzine hcl oral.....	18
hydroxyzine pamoate oral	18
hyoscyamine sulfate er.....	29
hyoscyamine sulfate oral	29

hyoscyamine sulfate sl	29
hyoscyamine sulfate sublingual.....	29
hyosyne	29
HYSINGLA ER	10
HYZAAR	19

I

ibandronate sodium oral.....	37
IBRANCE	16
ibu.....	11
ibuprofen oral suspension	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	11
icatibant acetate	36
IDHIFA.....	16
imatinib mesylate.....	16
imiquimod external	24
IMIQUIMOD PUMP	24
IMITREX ORAL.....	16
IMITREX STATDOSE REFILL.....	16
IMITREX STATDOSE SYSTEM	16
IMITREX SUBCUTANEOUS.....	16
IMPOYZ.....	24
IMURAN.....	36
IMVEXXY MAINTENANCE PACK.....	28
IMVEXXY STARTER PACK.....	28
INBRIJA.....	17
incassia	32
INCRUSE ELLIPTA	39
INDERAL LA	19
INDOCIN	11
indomethacin er.....	11
indomethacin oral	11
INSULIN LISPRO	27
INTERMEZZO	41
INTRAROSA	28
introvale	32
INTUNIV	21
INVELTYS	37
INVOKAMET.....	27
INVOKAMET XR.....	27
INVOKANA.....	27
ipratropium bromide nasal.....	39
ipratropium-albuterol	39
irbesartan	19
irbesartan-hydrochlorothiazide.....	19
ISENTRESS	17
ISENTRESS HD.....	17

isibloom	32
isosorbide mononitrate.....	19
isosorbide mononitrate er.....	19
isotretinoin oral	24
ISTALOL.....	38

J

jantoven	13
JANUVIA	27
JARDIANCE.....	27
jasmiel	32
jencycla	32
JENTADUETO.....	27
JENTADUETO XR.....	27
JIVI	28
jolessa	32
JORNAY PM.....	21
juleber.....	32
JULUCA.....	17
junel 1/20.....	32
junel 1.5/30.....	32
junel fe 1/20.....	32
junel fe 1.5/30.....	32
junel fe 24.....	32

K

K-TAB	28
KADIAN.....	10
kalliga	32
KAPSPARGO SPRINKLE.....	20
kariva.....	32
KAZANO	27
KEFLEX.....	12
KENALOG EXTERNAL.....	24
KEPPRA ORAL.....	13
KEPPRA XR.....	13
ketoconazole external cream	15
ketoconazole external foam	15
ketoconazole external shampoo ...	15
ketorolac tromethamine ophthalmic.....	37
ketorolac tromethamine oral.....	11
KITABIS PAK.....	40
KLONOPIN.....	18
klor-con.....	28
klor-con 10.....	28
klor-con m10.....	28
KLOR-CON M15.....	28
klor-con m20.....	28

klor-con sprinkle.....	28
KOGENATE FS	28
KOMBIGLYZE XR	27
KOVALTRY	28
KRINTAFEL.....	17
kurvelo.....	32

L

labetalol hcl oral	20
LAMICTAL.....	13, 14
LAMICTAL ODT	13
LAMICTAL STARTER	14
LAMICTAL XR.....	14
lamotrigine er.....	14
lamotrigine oral tablet.....	14
lamotrigine oral tablet chewable....	14
lamotrigine oral tablet dispersible..	14
lamotrigine starter kit-blue.....	14
lamotrigine starter kit-green	14
lamotrigine starter kit-orange	14
lanthanum carbonate.....	30
LANTUS SOLOSTAR.....	27
LANTUS U-100 VIAL	27
larin 1/20.....	32
larin 1.5/30.....	32
larin 24 fe.....	32
larin fe 1/20.....	32
larin fe 1.5/30.....	32
larissia	32
LASIX	20
LASTACAPT.....	37
latanoprost ophthalmic	38
LATUDA	17
LEDIPASVIR-SOFOSBUVIR	17
lessina	32
LETAIRIS.....	40
letrozole oral.....	16
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	39
LEVAQUIN ORAL TABLET 500 MG, 750 MG	12
LEVBIID.....	29
LEVEMIR U-100 FLEXTOUCH.....	27
LEVEMIR U-100 VIAL.....	27
levetiracetam er.....	14
levetiracetam oral	14
LEVITRA	28
levo-t.....	35

levocetirizine dihydrochloride oral solution.....	39	LOKELMA	28	MAXZIDE-25.....	20
levocetirizine dihydrochloride oral tablet	39	LOMOTIL.....	29	MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG.....	34
levofloxacin oral.....	12	LOPID.....	20	MEDROL ORAL TABLET 2 MG....	34
levonorgest-eth est & eth est.....	32	LOPRESSOR	20	MEDROL ORAL TABLET THERAPY PACK	34
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg.....	32	LOPROX EXTERNAL SHAMPOO.....	15	medroxyprogesterone acetate intramuscular.....	32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	32	lorazepam intensol	18	medroxyprogesterone acetate oral	32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	32	lorazepam oral.....	18	melodetta 24 fe.....	32
levora 0.15/30 (28).....	32	lorcet.....	10	meloxicam oral	11
levothyroxine sodium oral.....	35	lorcet hd.....	10	MENOSTAR	32
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	35	lorcet plus	10	mercaptapurine oral	16
levoxy.....	35	LORTAB	10	mesalamine oral	36
LEVSIN ORAL.....	29	loryna.....	32	mesalamine rectal enema	37
LEVSIN/SL	29	losartan potassium	20	mesalamine rectal suppository.....	37
LEXAPRO	15	losartan potassium-hctz	20	metadate er	21
LIALDA.....	36	LOSEASONIQUE.....	32	metaxall oral tablet 800 mg	40
lidocaine external ointment	10	LOTEMAX OPHTHALMIC GEL	37	metaxalone	40
lidocaine external patch	10	LOTEMAX OPHTHALMIC OINTMENT	37	metformin hcl er	27, 28
lidocaine hcl mouth/throat	22	LOTEMAX OPHTHALMIC SUSPENSION.....	37	metformin hcl er (mod)	27
lidocaine viscous mouth/throat solution 2 %.....	22	LOTEMAX SM.....	37	metformin hcl er (osm).....	28
lidocaine-prilocaine external cream	10	LOTENSIN.....	20	METFORMIN HCL ORAL SOLUTION.....	28
LIDODERM	10	LOTENSIN HCT	20	metformin hcl oral tablet.....	28
lillow.....	32	loteprednol etabonate.....	37	methimazole oral	35
LINZESS.....	29	LOTREL.....	20	METHITEST	35
liothyronine sodium oral	35	LOTRISONE.....	24	methocarbamol oral	40
LIPITOR.....	20	lovastatin	20	methotrexate oral.....	36
LIPOFEN	20	LOVAZA	20	methotrexate sodium oral.....	36
lisinopril oral	20	LOVENOX	13	methoxsalen oral	24
lisinopril-hydrochlorothiazide.....	20	low-ogestrel.....	32	methoxsalen rapid	24
lithium carbonate er.....	18	LUMIGAN	38	METHYLIN	21
lithium carbonate oral.....	18	LUNESTA	41	methylphenidate hcl er (cd)	21
LITHOBID.....	18	lutera.....	32	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	21
LO LOESTRIN FE	32	LYRICA.....	22	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	21
lo-zumandimine	32	LYRICA CR.....	22	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	21
LODINE	11	lyza.....	32	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	22
LOESTRIN 1/20 (21).....	32	M		methylphenidate hcl er oral tablet extended release 24 hour	22
LOESTRIN 1.5/30 (21).....	32	MACROBID	12		
LOESTRIN FE 1/20	32	MACRODANTIN.....	12		
LOESTRIN FE 1.5/30	32	MALARONE	17		
		marlissa	32		
		matzim la	20		
		MAVYRET	17		
		MAXALT	16		
		MAXALT-MLT	16		
		MAXITROL.....	37		
		MAXZIDE	20		

methylphenidate hcl oral solution.. 22	minocycline hcl er oral tablet	multivitamin/fluoride oral tablet
methylphenidate hcl oral tablet..... 22	extended release 24 hour 105 mg,	chewable 0.25 mg, 0.5 mg,
methylphenidate hcl oral tablet	115 mg, 55 mg, 65 mg, 80 mg.... 13	1 mg 29
chewable 22	minocycline hcl er oral tablet	multivitamins/fluoride..... 29
methylprednisolone oral 34	extended release 24 hour 135 mg,	mupirocin calcium..... 13
methyltestosterone oral 35	45 mg, 90 mg 13	mupirocin external 13
metoclopramide hcl oral solution 5	minocycline hcl oral capsule 13	mvc-fluoride..... 29
mg/5ml 15	minocycline hcl oral tablet 13	mycophenolate mofetil 36
metoclopramide hcl oral tablet 15	MINOLIRA..... 13	mycophenolate sodium 36
metoclopramide hcl oral tablet	MIRAPEX..... 17	MYDAYIS..... 22
dispersible 15	MIRAPEX ER 17	MYFORTIC..... 36
metoprolol succinate er oral tablet	MIRCETTE 32	myorisan 24
extended release 24 hour 100 mg,	mirtazapine oral..... 15	
200 mg, 50 mg 20	MIRVASO 24	
metoprolol succinate er oral tablet	misoprostol oral 29	
extended release 24 hour	MITIGARE 16	
25 mg 20	MOBIC..... 11	
metoprolol tartrate oral tablet	modafinil 41	
100 mg, 25 mg, 50 mg 20	mometasone furoate external 24	
metoprolol tartrate oral tablet	mondoxylene nl oral capsule	
37.5 mg, 75 mg..... 20	100 mg, 50 mg 13	
METROCREAM 24	mondoxylene nl oral capsule 75 mg 13	
METROGEL 24	mono-lynyah..... 33	
METROGEL-VAGINAL..... 12	montelukast sodium oral packet.... 40	
METROLOTION 24	montelukast sodium oral tablet..... 40	
metronidazole external cream..... 24	montelukast sodium oral tablet	
metronidazole external gel	chewable 40	
0.75 % 24	morgidox oral..... 13	
metronidazole external gel 1 %..... 24	MORPHABOND ER..... 10	
metronidazole external lotion 24	morphine sulfate (concentrate) oral	
metronidazole oral..... 12	solution 100 mg/5ml, 20 mg/ml .. 10	
metronidazole vaginal 12	morphine sulfate er oral capsule	
mibelas 24 fe 32	extended release 24 hour 10	
MICARDIS..... 20	morphine sulfate er oral tablet	
microgestin 1/20 32	extended release..... 10	
microgestin 1.5/30 32	morphine sulfate oral..... 10	
microgestin fe 1/20 32	morphine sulfate rectal 10	
microgestin fe 1.5/30 32	MOTEGRITY 29	
mili 32	MOVANTIK..... 29	
MILLIPRED 34	MOVIPREP..... 29	
MILLIPRED DP 34	MOXEZA 37	
MILLIPRED DP 12-DAY 34	moxifloxacin hcl ophthalmic..... 37	
MINASTRIN 24 FE 32	MS CONTIN 10	
MINIPRESS..... 20	MULPLETA..... 28	
minitran..... 20	MULTAQ 20	
Minivelle..... 31, 32	multi-vitamin/fluoride 28	
MINOCIN ORAL CAPSULE	multivitamin/fluoride oral solution.. 29	
50 MG 13		

N

nabumetone oral 11
nadolol oral..... 20
NAFRINSE DAILY/NEUTRAL 22
NAFRINSE WEEKLY 22
NALOCET 10
naloxone hcl injection 12
naltrexone hcl oral 12
NAPRELAN..... 11
NAPROSYN ORAL SUSPENSION11
naproxen dr 11
naproxen oral suspension 11
naproxen oral tablet..... 11
naproxen sodium er..... 11
naproxen sodium oral tablet
275 mg, 550 mg 11
naratriptan hcl..... 16
NARCAN 12
NATAZIA..... 33
NATESTO..... 35
NATURE-THROID 35
necon 0.5/35 (28) 33
neomycin-polymyxin-dexameth
ophthalmic ointment..... 37
neomycin-polymyxin-dexameth
ophthalmic suspension
3.5-10000-0.1 37
neomycin-polymyxin-hc otic..... 38
NEORAL 36
NESINA 28
neuac external gel 24
NEULASTA..... 28
NEURONTIN 14
neutral sodium fluoride..... 22
niacin (antihyperlipidemic) 20
niacin er (antihyperlipidemic)..... 20

niacor.....	20	NORVASC.....	20	olmesartan medoxomil oral.....	20
NIASPAN.....	20	NORVIR ORAL PACKET.....	17	olmesartan medoxomil-hctz.....	20
nifedipine er.....	20	NORVIR ORAL SOLUTION.....	17	olopatadine hcl ophthalmic	
nifedipine er osmotic release.....	20	NORVIR ORAL TABLET.....	17	solution 0.1 %.....	37
nifedipine oral.....	20	NOVAREL.....	36	olopatadine hcl ophthalmic	
nikki.....	33	NOVOEIGHT.....	28	solution 0.2 %.....	37
NITRO-BID.....	20	NOVOFINE AUTOCOVER PEN		OLUMIANT.....	36
NITRO-DUR.....	20	NEEDLE.....	26	OLUX.....	24
nitro-time.....	20	NOVOFINE PEN NEEDLE.....	26	OMECLAMOX-PAK.....	29
nitrofurantoin macrocrystal oral.....	13	NOVOFINE PLUS PEN NEEDLE..	26	omega-3-acid ethyl esters.....	20
nitrofurantoin monohydrate		NOVOLIN 70/30 FLEXPEN.....	27	omeprazole oral capsule delayed	
macrocrystals.....	13	NOVOLIN 70/30 FLEXPEN		release.....	29
nitroglycerin er.....	20	RELION.....	27	OMNARIS.....	39
nitroglycerin sublingual.....	20	NOVOLIN 70/30 RELION.....	27	OMNITROPE.....	34
nitroglycerin transdermal.....	20	NOVOLIN 70/30 VIAL.....	27	ondansetron hcl oral.....	15
nitroglycerin translingual.....	20	NOVOLIN N RELION.....	27	ondansetron odt.....	15
NITROLINGUAL.....	20	NOVOLIN N VIAL.....	27	ONE TOUCH VERIO KIT	
NITROMIST.....	20	NOVOLIN R RELION.....	27	W/DEVICE.....	26
NITROSTAT.....	20	NOVOLIN R VIAL.....	27	ONETOUCH ULTRA 2.....	26
NITYR.....	30	NOVOLOG FLEXPEN.....	27	ONETOUCH ULTRA BLUE TEST	
NIZORAL.....	15	NOVOLOG PENFILL.....	27	STRIPS.....	26
NOCDURNA.....	34	NOVOLOG U-100 VIAL.....	27	ONETOUCH ULTRA MINI.....	26
NOCTIVA.....	34	np thyroid.....	35	ONETOUCH VERIO FLEX	
nora-be.....	33	NUCYNTA.....	10	SYSTEM KIT W/DEVICE.....	26
NORCO.....	10	NUCYNTA ER.....	10	ONETOUCH VERIO IQ SYSTEM..	26
NORDITROPIN FLEXPRO.....	34	NUEDEXTA.....	22	ONETOUCH VERIO SYNC	
norethin ace-eth estrad-fe oral		NULEV.....	29	SYSTEM KIT W/DEVICE.....	26
tablet 1-20 mg-mcg.....	33	NUTROPIN AQ NUSPIN 10.....	34	ONETOUCH VERIO TEST	
norethin ace-eth estrad-fe oral		NUTROPIN AQ NUSPIN 20.....	34	STRIPS.....	26
tablet 1-20 mg-mcg(24).....	33	NUTROPIN AQ NUSPIN 5.....	34	ONGLYZA.....	28
norethin ace-eth estrad-fe oral		NUVARING.....	33	ONZETRA XSAIL.....	16
tablet chewable.....	33	NUVESSA.....	13	OPSUMIT.....	40
norethindrone acet-ethinyl est.....	33	NUWIQ.....	28	ORAPRED ODT.....	34
norethindrone acetate oral.....	33	NUZYRA ORAL.....	13	ORENCIA CLICKJECT.....	36
norethindrone oral.....	33	nyamyc.....	15	ORENCIA SUBCUTANEOUS.....	36
norgestimate-eth estradiol.....	33	nystatin external.....	15	ORENITRAM.....	40
norgestimate-ethinyl estradiol		nystatin mouth/throat.....	16	ORFADIN.....	30
triphasic oral tablet 0.18/0.215/		nystop.....	16	ORLISSA.....	34
0.25 mg-25 mcg.....	33			orsythia.....	33
norgestimate-ethinyl estradiol				ORTHO MICRONOR.....	33
triphasic oral tablet 0.18/0.215/				ORTHO TRI-CYCLEN LO.....	33
0.25 mg-35 mcg.....	33			ORTHO-NOVUM 1/35 (28).....	33
NORITATE.....	24			oscimin.....	29
norlyda.....	33			oscimin sr.....	29
norlyroc.....	33			oseltamivir phosphate oral	
nortrel 0.5/35 (28).....	33			capsule.....	18
nortrel 1/35 (21).....	33			oseltamivir phosphate oral	
nortrel 1/35 (28).....	33			suspension reconstituted.....	18
nortriptyline hcl oral.....	15			OSENI.....	28

O

ocella.....	33
OCUFLOX.....	37
ODEFSEY.....	17
ofloxacin ophthalmic.....	37
ofloxacin otic.....	38
ogestrel.....	33
okebo.....	13
olanzapine oral tablet.....	17
olanzapine oral tablet dispersible..	17

OSPHENA.....	28	phenazo oral tablet 200 mg.....	30	prednisolone sodium phosphate	
OTEZLA	36	phenazopyridine hcl oral tablet		oral	34
OTREXUP	36	100 mg, 200 mg	30	prednisone intensol	34
OXAYDO	10	phillith	33	prednisone oral.....	34
oxcarbazepine	14	phrenilin forte.....	11	pregabalin oral.....	22
OXSORALEN ULTRA	24	PICATO	24	pregnyl.....	36
OXTELLAR XR	14	pimecrolimus	24	PREMARIN ORAL	33
oxybutynin chloride er	30	pimtrea	33	PREMARIN VAGINAL.....	33
oxybutynin chloride oral	30	pioglitazone hcl.....	28	premium lidocaine	11
OXYCODONE HCL ER.....	10	pirmella 1/35.....	33	PREMPHASE.....	33
oxycodone hcl oral capsule.....	10	PLAQUENIL	17	PREMPRO	33
oxycodone hcl oral concentrate 100		PLAVIX.....	17	PREPOPIK.....	30
mg/5ml	10	PLEGRIDY	22	PREVIDENT.....	22
oxycodone hcl oral solution.....	10	PLEGRIDY STARTER PACK	22	PREVIDENT 5000 BOOSTER	
oxycodone hcl oral tablet	10	PLENVU	30	PLUS.....	22
oxycodone-acetaminophen.....	10	PLEXION.....	24	PREVIDENT 5000 DRY MOUTH..	22
OXYCONTIN	10	PLEXION CLEANSER	24	PREVIDENT 5000 ORTHO	
OZEMPIC	28	PLEXION CLEANSING CLOTH....	24	DEFENSE	22
P					
PACERONE ORAL TABLET		POLY-VI-FLOR.....	29	PREVIDENT 5000 PLUS	22
100 MG, 400 MG	20	polymyxin b-trimethoprim.....	37	previfem.....	33
pacerone oral tablet 200 mg	20	POLYTRIM	37	PREZCOBIX.....	18
PAMELOR.....	15	portia-28.....	33	PREZISTA	18
PANCREAZE	30	potassium chloride crys er	29	PRIMLEV.....	11
pantoprazole sodium oral	29	potassium chloride er.....	29	PRINIVIL	20
paroex.....	22	potassium chloride oral	29	PRISTIQ	15
paroxetine hcl	15	potassium citrate er.....	29	PROAIR HFA.....	39, 40
paroxetine hcl er.....	15	PRADAXA.....	13	PROAIR RESPICLICK	40
PATADAY.....	37	PRALUENT	20	PROCARDIA.....	20
PATANOL	37	pramipexole dihydrochloride	17	PROCARDIA XL.....	20
PAXIL	15	pramipexole dihydrochloride er	17	PROCENTRA.....	22
PAXIL CR.....	15	PRAVACHOL	20	prochlorperazine maleate oral.....	15
PAZEO	37	pravastatin sodium	20	PROCORT	37
PEDIAPRED.....	34	prazosin hcl oral	20	PROCTOFOAM HC.....	37
peg 3350/electrolytes	29	PRECISION LINK.....	26	progesterone micronized oral.....	33
peg-3350/electrolytes.....	29	PRECISION PCX PLUS TEST	26	PROGRAF ORAL	36
penicillamine oral.....	30	PRECISION QID MONITOR	26	promethazine hcl oral syrup	15
penicillin v potassium	13	PRECISION QID TEST	26	promethazine hcl oral tablet	15
PENLAC	16	PRECISION SOF-TACT MONITOR26		promethazine hcl rectal	15
PENNSAID	11	PRECISION SOF-TACT TEST	26	promethazine-codeine	39
PENTASA.....	37	PRECISION XTRA BLOOD		promethazine-dm	15
PERCOCET	10	GLUCOSE.....	26	promethegan	15
PERFOROMIST	40	PRECISION XTRA DEVICE	26	PROMETRIUM.....	33
PERIDEX.....	22	PRECISION XTRA KIT	26	propranolol hcl er.....	20
periogard	22	PRECISION XTRA MONITOR.....	26	propranolol hcl oral.....	20
permethrin external	17	PRED FORTE	37	PROSCAR.....	30
PERTZYE.....	30	PRED MILD.....	37	PROTONIX ORAL.....	29
phenadoz.....	15	prednisolone acetate ophthalmic ..	37	PROVENTIL HFA	39, 40
		prednisolone oral solution	34	PROVERA.....	31, 33
				PROVIGIL.....	41

PROZAC.....	15
pseudoephedrine-bromphen-dm ..	39
PULMICORT FLEXHALER.....	40
PULMICORT SUSPENSION	40
PULMOZYME	40
PURIXAN	16
PYLERA.....	29
PYRIDIDIUM.....	30

Q

QBRELIS.....	20
QMIIZ ODT	11
QUARTETTE.....	33
QUDEXY XR.....	14
quetiapine fumarate.....	17
quetiapine fumarate er	17
QUFLORA PEDIATRIC.....	29
QUILLICHEW ER.....	22
QUILLIVANT XR	22
quinapril hcl	20
QVAR REDIHALER.....	40

R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	29
rabeprazole sodium oral tablet delayed release.....	29
ramipril.....	20
RANEXA	20
ranitidine hcl oral capsule.....	29
ranitidine hcl oral syrup	29
ranitidine hcl oral tablet 150 mg, 300 mg	29
ranolazine er.....	20
RAPAFLO.....	30
RAPAMUNE ORAL SOLUTION ..	36
RAPAMUNE ORAL TABLET	36
RASUVO	36
RAYOS	34
REBIF	22
REBIF REBIDOSE	22
REBIF REBIDOSE TITRATION PACK.....	22
REBIF TITRATION PACK	22
reclipsen	33
RECOMBINATE	28
REGLAN.....	15
relexxii	22

RELION BLOOD GLUCOSE TEST	26
RELION ULTIMA TEST	26
RELPAK	16
REMERON.....	15
REMERON SOLTAB	15
REPATHA.....	20, 21
REPATHA PUSHTRONEX SYSTEM.....	21
REPATHA SURECLICK	21
REQUIP XL	17
RESTASIS	38
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	38
RESTORIL.....	41
RETACRIT.....	28
RETIN-A.....	24
REVLIMID	16
RHOFADE.....	24
RHOPRESSA.....	38
RILUTEK	22
riluzole	22
RINVOQ	36
RIOMET	28
RISPERDAL	17
risperidone.....	17
RITALIN	22
RITALIN LA	22
ritonavir.....	18
rivelsa	33
rizatriptan benzoate.....	16
ROBAXIN-750.....	40
ROCALTROL.....	37
ropinirole hcl.....	17
ropinirole hcl er.....	17
rosadan external cream.....	25
rosadan external gel.....	25
rosuvastatin calcium.....	21
roweepra	14
roweepra xr	14
ROXICODONE.....	11
ROXYBOND.....	11
RYTARY	17

S

SAFYRAL.....	33
SAPHRIS.....	17
SAVAYSA	13

scopolamine	15
SEASONIQUE	33
selegiline hcl oral.....	17
SERNIVO	25
SEROQUEL	17
SEROQUEL XR	17
sertraline hcl oral.....	15
setlakin	33
sf23	
sf 5000 plus.....	23
SFROWASA	37
sharobel.....	33
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	28
SILIQ	36
silodosin	30
simliya.....	33
simpesse	33
SIMPONI	36
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	21
simvastatin oral tablet 80 mg.....	21
SINEMET	17
SINEMET CR.....	17
SINGULAIR ORAL PACKET	40
SINGULAIR ORAL TABLET	40
SINGULAIR ORAL TABLET CHEWABLE	40
sirolimus oral solution.....	36
sirolimus oral tablet	36
SITAVIG.....	18
SKELAXIN	40
SKYRIZI (150 MG DOSE)	36
sodium fluoride 5000 plus	23
sodium fluoride dental	23
SOF-SENSOR.....	26
SOFOSBUVIR-VELPATASVIR.....	18
SOLIQUA.....	28
SOLODYN	13
soloxide oral tablet delayed release 150 mg	13
SOLTAMOX.....	16
SOMA ORAL TABLET 250 MG	40
SOMA ORAL TABLET 350 MG	40
sotalol hcl oral	21
SOTYLIZE	21
SPIRIVA HANDIHALER.....	40
SPIRIVA RESPIMAT	40
spironolactone oral	21

sprintec 28.....	33	sumatriptan succinate		tazarotene external.....	25
SPRIX.....	11	subcutaneous.....	16	TAZORAC.....	25
sronyx.....	33	SUMAXIN.....	25	TECFIDERA.....	22
sss 10-5.....	25	SUMAXIN WASH.....	25	TEGRETOL.....	14
STAXYN.....	28	SUPREP BOWEL PREP KIT.....	30	TEGRETOL-XR.....	14
STELARA SUBCUTANEOUS.....	36	syeda.....	33	TEKTURNA.....	21
STENDRA.....	28	SYMAX DUOTAB.....	30	TEKTURNA HCT.....	21
STIMATE.....	34	symax-sl.....	30	telmisartan.....	21
STRATTERA.....	22	symax-sr.....	30	temazepam.....	41
STRENSIQ.....	30	SYMBICORT.....	40	TEMOVATE.....	25
STRIANT.....	35	SYMFI.....	18	tenofovir disoproxil fumarate.....	18
STRIBILD.....	18	SYMFI LO.....	18	TENORETIC 100.....	21
STRIVERDI RESPIMAT.....	40	SYMJEPI.....	38	TENORETIC 50.....	21
SUBOXONE.....	12	SYMPROIC.....	30	TENORMIN.....	21
SUBSYS.....	11	SYNALAR.....	25	terazosin hcl.....	30
subvenite.....	14	SYNJARDY.....	28	terbinafine hcl oral.....	16
subvenite starter kit-blue.....	14	SYNJARDY XR.....	28	terconazole.....	16
subvenite starter kit-green.....	14	SYNTHROID.....	35	TESSALON PERLES.....	39
subvenite starter kit-orange.....	14	SYPRINE.....	29	TESTIM.....	35
sucralfate oral tablet.....	29			testosterone cypionate	
sulfacetamide sodium-sulfur external				intramuscular.....	35
cream 10-2 %, 10-5 %.....	25			testosterone enanthate	
sulfacetamide sodium-sulfur external				intramuscular.....	35
cream 9.8-4.8 %.....	25			testosterone gel 12.5 mg/act (1%)	
sulfacetamide sodium-sulfur external				transdermal.....	35
emulsion.....	25			testosterone gel 20.25 mg/1.25gm	
sulfacetamide sodium-sulfur external				(1.62%) transdermal.....	35
liquid 10-2 %, 9.8-4.8 %.....	25			testosterone gel 40.5 mg/2.5gm	
sulfacetamide sodium-sulfur external				(1.62%) transdermal.....	35
liquid 9-4 %, 9-4.5 %.....	25			testosterone gel 50 mg/5gm (1%)	
sulfacetamide sodium-sulfur external				transdermal.....	35
lotion 10-5 %.....	25			testosterone transdermal gel 10 mg/	
sulfacetamide sodium-sulfur external				act (2%), 20.25 mg/act (1.62%),	
lotion 9.8-4.8 %.....	25			25 mg/2.5gm (1%).....	35
sulfacetamide sodium-sulfur external				testosterone transdermal solution.....	35
pad.....	25			TEXACORT.....	25
sulfacetamide sodium-sulfur external				TIGLUTIK.....	22
suspension 10-5 %.....	25			timolol maleate ophthalmic gel	
sulfacetamide sodium-sulfur external				forming solution.....	38
suspension 8-4 %.....	25			timolol maleate ophthalmic solution	
sulfacleanse 8/4.....	25			0.25 %, 0.5 %.....	38
sulfamethoxazole-trimethoprim				timolol maleate ophthalmic solution	
oral.....	13			0.5 % (daily).....	38
sulfamez wash.....	25			TIMOPTIC.....	38
sulfasalazine oral.....	37			TIMOPTIC OCUDOSE.....	38
sulfatrim pediatric.....	13			TIMOPTIC-XE.....	38
SUMADAN WASH.....	25			TIROSINT.....	35
sumatriptan succinate oral.....	16			TIROSINT-SOL.....	35
sumatriptan succinate refill.....	16			TIVICAY.....	18

T

TACLONEX EXTERNAL	
OINTMENT.....	25
TACLONEX EXTERNAL	
SUSPENSION.....	25
tacrolimus oral.....	36
tadalafil (pah).....	40
tadalafil oral tablet 10 mg, 20 mg ..	28
tadalafil oral tablet 2.5 mg, 5 mg ...	28
TAKHZYRO.....	36
TALTZ.....	36
TAMIFLU ORAL CAPSULE.....	18
TAMIFLU ORAL SUSPENSION	
RECONSTITUTED.....	18
tamoxifen citrate oral tablet 10 mg	16
tamoxifen citrate oral tablet 20 mg	16
tamsulosin hcl.....	30
TAPAZOLE.....	35
TAPERDEX 12-DAY.....	34
TAPERDEX 6-DAY.....	34
TAPERDEX 7-DAY.....	34
TARGADOX.....	13
TARGRETIN EXTERNAL.....	16
TARGRETIN ORAL.....	16
tarina 24 fe.....	33
tarina fe 1/20.....	33
tarina fe 1/20 eq.....	33
TASIGNA.....	16
TAYTULLA.....	33

TIVORBEX	11	tri-estarylla	33
tizanidine hcl oral capsule	40	tri-linyah	33
tizanidine hcl oral tablet.....	40	tri-lo-estarylla	33
TOBI NEBULIZER.....	40	tri-lo-marzia	33
TOBI PODHALER	40	tri-lo-mili	33
TOBRADEX	37	tri-lo-sprintec	33
TOBRADEX ST.....	37	tri-mili.....	33
tobramycin nebulization solution 300 mg/5ml inhalation	40	tri-previfem	33
tobramycin ophthalmic	37	tri-sprintec	33
tobramycin-dexamethasone	37	tri-vylibra.....	33, 34
TOBREX.....	37	tri-vylibra lo.....	34
TOLAK.....	25	triamcinolone acetonide external aerosol solution.....	25
TOPAMAX.....	14	triamcinolone acetonide external cream 0.025 %, 0.1 %	25
TOPAMAX SPRINKLE.....	14	triamcinolone acetonide external cream 0.5 %	25
topiramate er	14	triamcinolone acetonide external lotion.....	25
topiramate oral	14	triamcinolone acetonide external ointment	25
TOPROL XL	21	triamterene-hctz	21
torse mide.....	21	TRIANEX.....	25
TOUJEO MAX SOLOSTAR.....	27	triazolam.....	18
TOUJEO SOLOSTAR.....	27	TRICOR.....	21
TOVIAZ	30	triderm external cream 0.1 %	25
TRACLEER 32 MG	40	triderm external cream 0.5 %	25
TRACLEER 62.5 MG, 125 MG.....	40	tridesilon.....	25
TRADJENTA	28	trientine hcl.....	29
tramadol hcl er (biphasic).....	11	TRILEPTAL	14
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	11	TRINTELLIX.....	15
tramadol hcl er oral capsule extended release 24 hour 150 mg	11	TRIUMEQ.....	18
tramadol hcl er oral tablet extended release 24 hour	11	TROKENDI XR.....	14
tramadol hcl ir.....	11	TRUE METRIX BLOOD GLUCOSE TEST	26
TRANSDERM SCOP (1.5 MG)	15	TRUETRACK TEST	26
TRAVATAN Z.....	38	TRULANCE.....	30
trazodone hcl oral.....	15	TRULICITY.....	28
TRELEGY ELLIPTA.....	40	TRUVADA	18
TREMFYA	36	tulana.....	34
TRESIBA	27	TUSSICAPS	39
TRESIBA FLEXTOUCH.....	27	tydemy.....	34
tretinoin external cream.....	25	TYLENOL WITH CODEINE #3	11
tretinoin external gel 0.01 %, 0.05 %	25	TYLENOL WITH CODEINE #4	11
tretinoin gel 0.025 % external.....	25	TYMLOS.....	37
TREXALL	36	TYVASO.....	40
trezix.....	11	TYVASO REFILL.....	40
tri femynor	33	TYVASO STARTER.....	40

U

UCERIS ORAL.....	37
UCERIS RECTAL.....	37
ULORIC.....	16
ULTRAM.....	11
unithroid.....	35
UROCIT-K 10	29
UROCIT-K 15	29
UROCIT-K 5	29
UROXATRAL	30
URSO 250	30
URSO FORTE	30
ursodiol oral.....	30

V

VAGIFEM.....	34
valacyclovir hcl oral	18
VALIUM	18
valsartan.....	21
valsartan-hydrochlorothiazide	21
VALTRESX	18
VANATOL LQ	11
VANATOL S.....	11
vandazole	13
VANOS	25
vardenafil hcl oral tablet	28
vardenafil hcl oral tablet dispersible	28
VARUBI	15
VASCEPA.....	21
VASOTEC.....	21
VECTICAL.....	25
VELPHORO	30
VELTASSA	29
VEMLIDY.....	18
venlafaxine hcl.....	15
venlafaxine hcl er oral capsule extended release 24 hour	15
venlafaxine hcl er oral tablet extended release 24 hour	15
VENTOLIN HFA	39, 40
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	21
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	21

verapamil hcl er oral tablet extended release	21
verapamil hcl oral	21
VERDESO	25
VERELAN	21
VERELAN PM	21
VERZENIO	16
VIAGRA	28
VIBERZI	30
VIBRAMYCIN ORAL CAPSULE ...	13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	13
vicodin	11
vicodin es	11
vicodin hp	11
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2-Pak)	28
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3-Pak)	28
vienna	34
VIGAMOX	37
VIIBRYD	15
VIIBRYD STARTER PACK	15
VIMPAT ORAL	14
VIOKACE	30
viorele	34
VIREAD ORAL POWDER	18
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	18
VIREAD ORAL TABLET 300 MG .	18
VISTARIL	18
vitamin d (ergocalciferol) oral capsule 50000 unit	29
Vivelle-Dot	31, 34
VIVLODEX	11
VOGELXO	35
VOGELXO PUMP	35
VOLTAREN TRANSDERMAL GEL 1 %	11
VOSEVI	18
vyfemla	34
vylibra	34
VYTORIN	21
VYVANSE	22
VYZULTA	38

W

warfarin sodium oral	13
WELCHOL	21
WELLBUTRIN SR	15
WELLBUTRIN XL	15
wera	34
WESTHROID	35
wixela inhub	40
WP THYROID	35

X

XALATAN	38
XANAX	18
XANAX XR	18
XARELTO	13
XARELTO STARTER PACK	13
XELJANZ	36
XELJANZ XR	36
XELODA	16
XELPROS	38
XEPI	13
XHANCE	39
XIIDRA	38
XIMINO	13
XOLEGEL	16
XOPENEX HFA	40
XTAMPZA ER	11
xulane	34
XYOSTED	35
YASMIN 28	34

Y

YAZ	34
YONSA	16
YUPELRI	40
yuvafem	34

Z

ZANAFLEX	40
zarah	34
ZARXIO	28
zebutal	11
ZELAPAR	17
ZEMBRACE SYMTOUCH	16
zenatane	25
ZENPEP	30
ZENZEDI	22

ZEPATIER	18
ZESTORETIC	21
ZESTRIL	21
ZETIA	21
ZETONNA	39
ZIAC	21
ziprasidone hcl	17
ZIPSOR	11
ZITHROMAX ORAL	13
ZITHROMAX TRI-PAK	13
ZITHROMAX Z-PAK	13
ZOCOR	21
ZOFRAN	15
ZOHYDRO ER	11
ZOLOFT	15
zolpidem tartrate er	41
zolpidem tartrate oral	41
zolpidem tartrate sublingual	41
ZOLPIMIST	41
ZOMACTON	34
ZONEGRAN	14
zonisamide oral	14
ZONTIVITY	17
ZOVIRAX ORAL	18
ZTLIDO	11
ZUBSOLV	12
zumandimine	34
ZUPLENZ	15
ZYCLARA	25
ZYCLARA PUMP	25
ZYLOPRIM	16
ZYPREXA ORAL	17
ZYPREXA ZYDIS	17
ZYTIGA	16

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You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبیه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項: 日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានទំនាក់ទំនងសព្វថ្ងៃជាមួយបុគ្គលិក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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